

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: William R. PATTERSON, et al.

Title: STERILIZED EMBOLIC
COMPOSITIONS

Appl. No.: 10/789,944

Filing Date: 2/26/2004

Examiner: James William Rogers

Art Unit: 1618

Confirmation 5793

Number:

AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is:

Amendment (26 pgs.);

Supplemental Information Disclosure Statement (3 pgs.);

PTO/SB/08 (1 pg.);

The fee required for additional claims is calculated below:

	Claims As Amended	Previously Paid For		Extra Claims Present		Rate	Additional Claims Fee
Total Claims:	50	-	50	=	0	x \$50.00	= \$0.00
Independent Claims:	5	-	4	=	1	x \$200.00	= \$200.00
First presentation of any Multiple Dependent Claims:				+	\$360.00	=	\$0.00
					CLAIMS FEE TOTAL	=	\$200.00

[X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[] Extension for response filed within the first month:	\$120.00	\$0.00
[] Extension for response filed within the second month:	\$450.00	\$0.00
[X] Extension for response filed within the third month:	\$1,020.00	\$1,020.00
[] Extension for response filed within the fourth month:	\$1,590.00	\$0.00
[] Extension for response filed within the fifth month:	\$2,160.00	\$0.00
	EXTENSION FEE TOTAL:	\$1,020.00
[] Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$0.00
	CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:	\$1,220.00
[] Small Entity Fees Apply (subtract ½ of above):		\$0.00
	Extension Fees Previously Paid:	\$0.00
	TOTAL FEE:	\$1,220.00

The above-identified fees plus \$180.00 for the Supplemental Information Disclosure Statement are being paid by credit card via EFS-Web.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment instructions in EFS-Web being incorrect or absent, resulting in a rejected or incorrect credit card transaction, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. § 1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 09/19/07

By V. Bansal

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Vandana Bansal
Agent for Applicant
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